

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

<b>PLAINTIFF</b> Craig Jones		<b>COURT CASE NUMBER</b> 1:24-cv-03156-MLB-RDC
<b>DEFENDANT</b> Credence Resource Management LLC		<b>TYPE OF PROCESS</b>
<b>SERVE</b> <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Credence Resource Management LLC (Corporation Service Company)	
{ ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2 SUN COURT, SUITE 400, PEACHTREE CORNERS, GA, 30092, USA		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285      1
Craig Jones 4317 Sterling Forest Drive Decatur, Ga 30034		Number of parties to be served in this case      1
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Credit Collection Services Inc Alternate Adress

Signature of Attorney other Originator requesting service on behalf of: <i>Craig Jones</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 7702623206	DATE 07/25/2024
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
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*Costs shown on attached USMS Cost Sheet >>*

REMARKS